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Bureau of Environmental Health

Radiation Control Program

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Initial (New) Massachusetts Radiologic Technologist Licensing Application Form

This form is to be used to apply for a new Radiologic Technologist license, or to re-apply for a Radiologic Technologist license that has been expired for more than six months

Last Name:		First Name:	
Mailing Street Address, or PO Box:			
City:		State:	Zip Code:
Date of Birth: (Month/Day/Year)		Social Security Number:	
Telephone No.:		Email Address:	

LICENSING CATEGORY (CHECK APPROPRIATE LINES)

- | | |
|---|--|
| <input type="checkbox"/> GENERAL RADIOGRAPHY TECHNOLOGY | <input type="checkbox"/> PET |
| <input type="checkbox"/> MAMMOGRAPHY | <input type="checkbox"/> RADIOLOGIST ASSISTANT |
| <input type="checkbox"/> NUCLEAR MEDICINE TECHNOLOGY | <input type="checkbox"/> CT |
| <input type="checkbox"/> RADIATION THERAPY TECHNOLOGY | <input type="checkbox"/> NUCLEAR MEDICINE ADVANCED ASSOCIATE |

CERTIFYING BODY: _____ CERTIFICATION NUMBER: _____

YEAR OF QUALIFYING EXAMINATION:* _____

*QUALIFYING EXAMINATIONS ARE AS FOLLOWS:

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS
AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS
AUSTRALIAN INSTITUTE OF RADIOGRAPHY
BRITISH COLLEGE OF RADIOGRAPHERS
CANADIAN ASSOCIATION OF MEDICAL RADIOLOGIC TECHNOLOGISTS
CERTIFICATION BOARD FOR RADIOLOGY PRACTITIONER ASSISTANTS
NUCLEAR MEDICINE TECHNOLOGISTS CERTIFICATION BOARD

NOTE: IF EXTRA SPACE IS NEEDED FOR ANY ANSWERS ON THIS APPLICATION FORM, USE ADDITIONAL SHEETS OF PAPER SO ALL QUESTIONS ARE ANSWERED FULLY. ATTACH ADDITIONAL SHEETS TO THE BACK OF THE APPLICATION

Current RT Employer Name:		Telephone No.:
Street Address, or PO Box:		
City:	State:	Zip Code:

HAVE YOU EVER:

- A. **BEEN CONVICTED OF A FELONY:** ____ YES ____ NO
- B. **BEEN FOUND TO HAVE COMMITTED MALPRACTICE:** ____ YES ____ NO
- C. **PAID, OR HAVE HAD PAID ON YOUR BEHALF, ANY AMOUNT OF MONEY TO SETTLE A MALPRACTICE SUIT:** ____ YES ____ NO
- D. **HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED BY ANY STATE OR CERTIFYING BOARD?** ____ YES ____ NO

IF YES, PLEASE EXPLAIN: _____

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.

Signature: _____ Date: _____

To apply for an initial license, you must submit the following:

- ☐ Completed application
- ☐ Copy of your current A.R.R.T or N.M.T.C.B. certification card
- ☐ Check or money order payable to the Commonwealth of Massachusetts for \$ 225.00 (\$75 application and \$150 for License)

To re-apply for a license, expired more than six months, you must also submit:

- ☐ Documentation of your CEUs from your last full biennium, ending in the last odd-numbered year
- ☐ Documentation of one CEU per month since the start of your current CEU biennium, beginning in the last odd-numbered year

RCP will review, then issue you a Massachusetts Radiologic Technologist License within 30 days of our receipt of a correct application, supporting documentation, and fees.

If at any time you have changes to the information submitted on the form, please update and send the appropriate documentation to RadiationControl@massmail.state.ma.us

ADDITIONAL LICENSING INFORMATION MAY BE FOUND AT: <http://mass.gov/dph/rcp>